

DECLARATION AND POWER OF ATTORNEY FOR PATENT APPLICATION

As a below named inventor, I hereby declare that:

My residence, post office address and citizenship are as stated below next to my name. I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled

SURFACE TOUGHNING METHOD OF A SINTERED MATERIAL CUTTING TOOL
AND A LONG LIFE SINTERED MATERIAL CUTTING TOOL

_____, the specification of which:
 (check one) ☐ is attached hereto ☒ was filed on 18.05.2004 as United States Application No. or PCT International Application No. PCT/JP2004/007042.

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application.

I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or (f), or 365(b) of any foreign application(s) for patent, inventor's certificate or plant breeder's rights certificate(s), or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent, inventor's or plant breeder's certificate(s), or any PCT international application having a filing date before that of the application on which priority is claimed:

Prior Foreign Application(s)

Priority Claimed

<u>2003-147171</u> (NUMBER)	<u>Japan</u> (COUNTRY)	<u>26.05.2003</u> (DAY/MONTH/YEAR FILED)	<input checked="" type="checkbox"/> <input type="checkbox"/> YES NO
_____ (NUMBER)	_____ (COUNTRY)	_____ (DAY/MONTH/YEAR FILED)	<input type="checkbox"/> <input type="checkbox"/> YES NO
_____ (NUMBER)	_____ (COUNTRY)	_____ (DAY/MONTH/YEAR FILED)	<input type="checkbox"/> <input type="checkbox"/> YES NO

I hereby claim the benefit under 35 U.S.C. 120 of any United States application(s), or 365(c) of any PCT international application(s) designating the United States, listed below:

(APPLICATION SERIAL NO.)	(FILING DATE)	(STATUS)
		(PATENTED, PENDING, ABANDONED)

POWER OF ATTORNEY: As a named inventor, I hereby appoint the herein listed practitioners associated with Customer Number 35777 to prosecute this application and transact all business in the Patent and Trademark Office connected therewith:

Leonard W. Sherman
Robert L. Haines

Reg. No. 19,636
Reg. No. 35,533

Perry Carvellas
Roger C. Hahn

Reg. No. 19,637
Reg. No. 46,376

SEND CORRESPONDENCE TO:

SHERMAN & SHALLOWAY
415 North Alfred Street
Alexandria, Virginia 22314

DIRECT TELEPHONE CALLS TO:

(703) 549-2282

FACSIMILE:

(703) 836-0106

I further declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine and imprisonment, or both, under Section 1001 of Title 18 of the United States Code, and that such willful false statements may jeopardize the validity of the application or document or any patent issuing thereon.

Full name of sole or first inventor Hiroyasu Saka
GIVEN NAME MIDDLE NAME FAMILY NAME
Inventor's signature Hiroyasu Saka
Date of signature October 12, 2005
Residence Kasugai-shi Aichi Japan
CITY STATE OR PROVINCE COUNTRY
Citizenship Japan
Post Office Address 5-53, 1 chome, Takakuradai, Kasugai-shi,
(insert complete mailing address, including country) Aichi 487-0017 Japan

Full name of second inventor Won-Jin Moon
GIVEN NAME MIDDLE NAME FAMILY NAME
Inventor's signature Won-Jin Moon
Date of signature October 8, 2005
Residence Daejeon Korea
CITY STATE OR PROVINCE COUNTRY
Citizenship Korea
Post Office Address Hanaro Apt. 107Dong 1106 Ho, 311-1
(insert complete mailing address, including country) Wolpyeong-3 Dong, Seo ku, Daejeon, Korea

Full name of third inventor Shouji Uchimura
GIVEN NAME MIDDLE NAME FAMILY NAME
Inventor's signature Shouji Uchimura
Date of signature October 12, 2005
Residence Nagoya-shi Aichi Japan
CITY STATE OR PROVINCE COUNTRY
Citizenship Japan
Post Office Address 145-2, Aoyama 2-chome, Midori-ku,
(insert complete mailing address, including country) Nagoya-shi 458-0833 Japan

Additional inventors are named on the 1 supplemental sheet(s) attached hereto

I further declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine and imprisonment, or both, under Section 1001 of Title 18 of the United States Code, and that such willful false statements may jeopardize the validity of the application or document or any patent issuing thereon.

Full name of fourth inventor	Toshiro		Ito
	GIVEN NAME	MIDDLE NAME	FAMILY NAME
Inventor's signature	<u>Toshiro</u> <u>Ito</u>		
Date of signature	<u>October 14, 2005</u>		
Residence	<u>Toyokawa-shi</u>	<u>Aichi</u>	<u>Japan</u>
	CITY	STATE OR PROVINCE	COUNTRY
Citizenship	<u>Japan</u>		
Post Office Address	<u>61, Suwa 4-chome, Toyokawa-shi,</u>		
(insert complete mailing address, including country)	<u>Aichi 442-0068 Japan</u>		

Full name of fifth inventor			
	GIVEN NAME	MIDDLE NAME	FAMILY NAME
Inventor's signature	_____		
Date of signature	_____		
Residence	_____		
	CITY	STATE OR PROVINCE	COUNTRY
Citizenship	_____		
Post Office Address	_____		
(insert complete mailing address, including country)	_____		

Full name of sixth inventor			
	GIVEN NAME	MIDDLE NAME	FAMILY NAME
Inventor's signature	_____		
Date of signature	_____		
Residence	_____		
	CITY	STATE OR PROVINCE	COUNTRY
Citizenship	_____		
Post Office Address	_____		
(insert complete mailing address, including country)	_____		

Additional inventors are named on the _____ supplemental sheet(s) attached hereto